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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,334	03/17/2004	Cindy M. Lux	CL001-US	3731

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EXAMINER

PASS, NATALIE

ART UNIT PAPER NUMBER

3626

DATE MAILED: 04/29/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/802,334	LUX, CINDY M.	
	Examiner	Art Unit	
	Natalie A. Pass	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 28 January 2005 & 8 February 2005.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-29 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-29 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| Paper No(s)/Mail Date <u>28 January 2005</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 28 January 2005 and 8 February 2005 have been entered. The IDS statement filed 28 January 2005 has been entered and considered.
2. This communication is in response to the Request for Continued Examination and amendment filed 28 January 2005 and to the response filed 8 February 2005. Claims 1-2, 6-7, 11-12, 14, 16-17, 22, and 27-28 have been amended. Claims 1-29 remain pending.

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

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4. Claims 1-29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Burko, U.S. Patent Application Publication 20020156672 A1, in view of Boyer et al., U.S. Patent Number 6,208,973, and further in view of Sugiyama, European Patent Application EP 0 696 006 A2.

(A) Claim 1 has been amended to include the recitation of

- ♦ "eligibility confirmation" in line 11;
- ♦ "wherein the payor responds to eligibility confirmation requests sent by the healthcare provider" in lines 13-14;
- ♦ "prior to the appointment" in line 15; and
- ♦ "over the electronic communication link" in lines 16-17.

As per these new limitations Burko teaches a patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider (Burko; paragraph [0015], paragraphs [0060]-[0061], comprising:

a patient identification mechanism for uniquely identifying a patient to selectively access information from the system relating to the customer (reads on so that information relevant to that patient can be retrieved from a database) (Burko; see at least Figure 3, Item 98, paragraph [0015], paragraph [0049], paragraph [0061]);

a user interface that presents the retrieved information to the patient and allows the patient to selectively access information from the system relating to the customer or selectively update information managed by the system (reads on to update the information as necessary,

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thereby maintaining current patient information in the database) (Burko; see at least Figure 5, Item 168, paragraph [0015]); and

an insurance plan identification mechanism for identifying insurance plan information including a payor associated with the patient, thereby maintaining current insurance information in the database (Burko; see at least paragraph [0048], paragraph [0054], paragraph [0058], paragraph [0069]).

Burko fails to explicitly disclose

an eligibility confirmation interface for forming an electronic communication link between the payor and the healthcare provider wherein the payor responds to eligibility confirmation requests sent by the healthcare provider and the healthcare provider confirms the patient's eligibility for coverage by the payor, prior to the appointment, based on the identified insurance plan information, over the electronic communication link.

However, the above features are well-known in the art, as evidenced by Boyer.

In particular, Boyer teaches

an eligibility confirmation interface for forming an electronic communication link between the payor and the healthcare provider wherein the payor responds to eligibility confirmation requests sent by the healthcare provider and the healthcare provider confirms the patient's eligibility for coverage by the payor, prior to the appointment, based on the identified insurance plan information, over the electronic communication link (Boyer; column 4, lines 36-49, column 12, lines 52-55).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the teachings of Burko to include an eligibility confirmation interface for

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forming an electronic communication link between the payor and the healthcare provider wherein the payor responds to eligibility confirmation requests sent by the healthcare provider and the healthcare provider confirms the patient's eligibility for coverage by the payor, prior to the appointment, based on the identified insurance plan information, over the electronic communication link, as taught by Boyer, with the motivations of allowing the healthcare provider to verify that a policy is in force before services are performed, to determine before services are rendered whether certain services are not covered, have severely limited coverage, require a referring physician, or may only be available within a certain network of healthcare providers, and identify the issues which often lead to payment problems before any services are provided rather than at the time of adjudication, thereby preventing the cardholder from taking on undesired financial liability and the healthcare provider from being exposed to potential financial losses from bad debt (Boyer; column 12, line 56 to column 13, line 2).

Although Boyer teaches swiping an access card (reads on "insurance card") through a card reader (reads on "scanner") to determine the eligibility of the cardholder or any member of the cardholder's immediate family who has been identified as the patient (Boyer; column 12, lines 42-45), Burko and Boyer fail to explicitly disclose

an insurance card scanner adapted to generate an image of each side of an insurance card associated with the patient for storage in the database.

However, the above features are well-known in the art, as evidenced by Sugiyama.

In particular, Sugiyama teaches

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an insurance card reader (reads on scanner) adapted to generate an image of each side of an insurance card associated with the patient for storage in the patient's master file (reads on database) (Sugiyama; see at least column 4, lines 8-20, 32-33, column 6, lines 4-6).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined art of Burko and Boyer to include an insurance card scanner adapted to generate an image of each side of an insurance card associated with the patient for storage in the database as taught by Sugiyama, with the motivations of providing an automatic patient reception system that that issues a reception ticket to both new and regular patients and checks the validity of health insurance cards by means of simple processing and storage devices, without requiring human assistance (Sugiyama; column 1, lines 38-46).

(B) As per claims 2-8, Burko, Boyer and Sugiyama teach a system as analyzed and discussed in claim 1 above further comprising

an "adjudicated settlement transaction ... [...] ...formatted as a credit card" (reads on "output device for providing a receipt relevant to the patient's appointment") (Boyer; column 3, lines 56-60), the card (reads on "receipt") including at least one of eligibility for coverage by the payor and an office co-pay amount confirmed by the payor (Boyer; column 4, lines 36-53, column 6, lines 58-61);

wherein the patient identification mechanism includes one of a barcode scanner and a card reader (Burko; paragraphs [0032]-[0035]), (Sugiyama; Abstract, column 2, lines 2-11);

wherein the user interface includes an input interface such as a touch screen graphical user interface that allows the patient to interact with the kiosk system (Burko; Figure 5, paragraphs [0035], [0060]-[0061]), (Sugiyama; column 4, lines 48-51);

wherein the insurance plan identification mechanism includes one of a barcode scanner and a card reader (Burko; paragraphs [0032]-[0035]), (Sugiyama; Abstract, column 2, lines 2-11);

wherein the eligibility confirmation interface forms part of an electronic data interchange (EDI) between the healthcare provider and the payor (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51), (Boyer; column 4, lines 36-49, column 12, lines 42-45, 52-55);

further comprising a processor in communication with one or more of the patient identification mechanism, the user interface, the insurance plan identification mechanism, the eligibility confirmation interface, and the insurance card scanner, wherein the processor is configured for controlling functionality of the kiosk system (Boyer; column 4, lines 36-53, column 8, lines 8-14, column 12, lines 33-55), (Burko; see at least paragraph [0029]-[0032]); and

wherein the kiosk system is coupled to a network that includes at least one of a front desk workstation and a billing workstation, with each workstation having access to the database (Burko; see at least Figure 1, Figure 3, paragraph [0037]).

The motivations for combining the respective teachings of Burko, Boyer and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

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(C) As per claims 9-11, Burko, Boyer and Sugiyama teach a system as analyzed and disclosed in claim 1 above

wherein the kiosk system is coupled to a network that includes a server that communicatively couples the database to the kiosk system (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the server communicatively couples the database and the kiosk system to a billing system associated with the healthcare provider (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the eligibility confirmation interface operates in conjunction with the server and the billing system to form the electronic communication link between the healthcare provider and the payor to confirm the patient's eligibility for coverage (Boyer; Figure 1, Figure 2B, Figure 3, Abstract, column 7, lines 33-38, column 8, lines 1-5), (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51).

The motivations for combining the respective teachings of Burko, Boyer and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(D) Claim 12 differs from claim 1 in that it is a patient registration kiosk system that includes an output device adapted to provide a paper receipt rather than a patient registration kiosk system that does not include such a device.

Claim 12 has been amended to include the recitation of

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- ♦ "eligibility confirmation" in line 11;
- ♦ "for forming an electronic communication link between the payor" in lines 11-12;
- ♦ "wherein the payor responds to eligibility confirmation requests sent by the healthcare provider" in lines 13-14;
- ♦ "prior to the appointment" in line 15; and
- ♦ "over the electronic communication link" in line 16.

As per newly amended claim 12, Burko, Boyer and Sugiyam teach a patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider, comprising:

a barcode scanner or card reader for uniquely identifying a patient to selectively access information from the system relating to the customer (reads on so that information relevant to that patient can be retrieved from a database) (Burko; see at least paragraph [0015], paragraph [0049], paragraphs [0032]-[0035], paragraph [0061]), (Sugiyama; Abstract, column 2, lines 2-11);

a user interface that presents the retrieved information to the patient and allows the patient to selectively access information from the system relating to the customer or selectively update information managed by the system (reads on update the information as necessary, thereby maintaining current patient information in the database) (Burko; see at least Figure 5, Item 168, paragraph [0015]);

a card reader for identifying insurance plan information including a payor associated with the patient, for storage in the patient's master file (reads on thereby maintaining current

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insurance information in the database) (Sugiyama; see at least column 4, lines 8-48, column 5, line 50 to column 6, line 6);

an eligibility confirmation interface for forming an electronic communication link between the payor and the healthcare provider wherein the payor responds to eligibility confirmation requests sent by the healthcare provider and the healthcare provider confirms the patient's eligibility for coverage by the payor, prior to the appointment, based on the identified insurance plan information, over the electronic communication link (Boyer; column 4, lines 36-49, column 12, lines 52-55);

an insurance card reader (reads on scanner) for generating an image of each side of an insurance card associated with the patient for storage in the patient's master file (reads on for storage in the database) (Sugiyama; see at least column 4, lines 8-48, column 5, line 50 to column 6, line 6); and

an output device for providing a paper receipt relevant to the patient's appointment, the receipt including at least one of patient name, unique patient identifier, insurance payor name, plan name or type, patient insurance member number, eligibility confirmation, and office co-pay amount (Sugiyama; see at least Abstract, column 1, line 50 to column 2, line 11).

The motivations for combining the respective teachings of Burko, Boyer and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(E) As per claims 13-16, Burko, Boyer and Sugiyama teach a system as analyzed and disclosed in claim 12 above

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wherein the user interface includes an input interface such as a touch screen graphical user interface that allows the patient to interact with the kiosk system (Burko; Figure 5, paragraph [0060]-[0061]), (Sugiyama; column 4, lines 48-51);

further comprising a processor in communication with one or more of the barcode scanner, the user interface, the card reader, the eligibility confirmation interface and the insurance card scanner, wherein the processor is configured for controlling functionality of the kiosk system (Boyer; column 4, lines 36-53, column 8, lines 8-14, column 12, lines 33-55), (Burko; see at least paragraph [0029]-[0032]);

wherein the kiosk system is coupled to a network that includes at least one of a front desk workstation and a billing workstation, with each workstation having access to the database (Burko; see at least Figure 1, Figure 3, paragraph [0037]); and

wherein the kiosk system is coupled to a network that includes a server that communicatively couples the database, the kiosk system, and a billing system associated with the healthcare provider, wherein the eligibility confirmation interface operates in conjunction with the server and the billing system to form the communication link between the healthcare provider and the payor to confirm the patient's eligibility for coverage (Boyer; Figure 1, Figure 2B, Figure 3, Abstract, column 7, lines 33-38, column 8, lines 1-5), (Burko; see at least Figure 2, paragraphs [0039]-[0044]), (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51).

The motivations for combining the respective teachings of Burko, Boyer and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

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(F) Claim 17 differs from claim 1 in that it is a patient registration kiosk system that does not include an insurance card scanner rather than a patient registration kiosk system that includes an insurance card scanner.

Claim 17 has been amended to include the recitation of

- ♦ "eligibility confirmation" in line 11;
- ♦ "for forming an electronic communication link between the payor" in lines 11-12;
- ♦ "wherein the payor responds to eligibility confirmation requests sent by the healthcare provider" in lines 12-14;
- ♦ "prior to the appointment" in line 15; and
- ♦ "over the electronic communication link" in line 16.

As per newly amended claim 17, Burko, Boyer and Sugiyama teach a patient registration kiosk system that allows patients to self-register for an appointment with a healthcare provider (Burko; paragraph [0015], paragraphs [0060]-[0061], comprising:

a patient identification mechanism for uniquely identifying a patient to selectively access information from the system relating to the customer (reads on so that information relevant to that patient can be retrieved from a database) (Burko; see at least Figure 3, Item 98, paragraph [0015], paragraph [0049], paragraph [0061]);

a user interface that presents the retrieved information to the patient and allows the patient to selectively access information from the system relating to the customer or selectively update information managed by the system (reads on to update the information as necessary,

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thereby maintaining current patient information in the database) (Burko; see at least Figure 5, Item 168, paragraph [0015]);

an insurance plan identification mechanism for identifying insurance plan information including a payor associated with the patient, thereby maintaining current insurance information in the database (Burko; paragraph [0048], paragraph [0054], paragraph [0058], paragraph [0069]); and

an eligibility confirmation interface for forming an electronic communication link between the payor and the healthcare provider, wherein the payor responds to eligibility confirmation requests sent by the healthcare provider and the healthcare provider confirms the patient's eligibility for coverage by the payor, prior to the appointment, based on the identified insurance plan information, over the electronic communication link (Boyer; column 4, lines 36-49, column 12, lines 52-55).

The motivations for combining the respective teachings of Burko, Boyer and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(G) As per claims 18-25, Burko, Boyer and Sugiyama teach a system as analyzed and disclosed in claim 17 above

wherein the kiosk system is coupled to a network that includes a server that communicatively couples the database to the kiosk system (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the server has electronic access to current payor provider manuals (Boyer; column 12, lines 13-19);

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wherein the server has electronic access to sample insurance card images associated with one or more payors (Sugiyama; Figure 1, Figure 2, column 4, lines 3656, column 6, lines 34-42);

wherein at least one of a network and a server communicatively couple the database and the kiosk system to a billing system associated with the healthcare provider (Burko; see at least Figure 2, paragraphs [0039]-[0044]);

wherein the eligibility confirmation interface operates in conjunction with the server and the billing system to establish electronic communication between the healthcare provider and the payor to confirm the patient's eligibility for coverage (Boyer; Figure 1, Figure 2B, Figure 3, Abstract, column 7, lines 33-38, column 8, lines 1-5), (Sugiyama; see at least Figure 5, column 1, lines 39-46, column 6, lines 50-51);

wherein the kiosk system is coupled to a network that includes at least one of a front desk workstation and a billing workstation, with each workstation having access to the database (Burko; see at least Figure 1, Figure 3, paragraph [0037]);

wherein each workstation has electronic access to current versions of payor provider manuals and sample insurance card images (Boyer; column 12, lines 13-19), (Sugiyama; Figure 1, Figure 2, column 4, lines 3656, column 6, lines 34-42); and

wherein at least one of the workstations is adapted to provide a split-screen display that allows a staff member of the healthcare provider to compare images of an insurance card associated with the patient with sample insurance card images provided by the payor (Sugiyama; column 3, lines 13-20, column 6, lines 33-42).

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The motivations for combining the respective teachings of Burko, Boyer and Sugiyama are as given in the rejection of claim 1 above, and incorporated herein.

(H) As per claims 26-29, Burko, Boyer and Sugiyama teach a system as analyzed and disclosed in claim 17 above

further comprising a payment-intake mechanism configured to receive payment including at least one of a co-pay and an outstanding balance associated with the patient (Burko; see at least paragraphs [0058]-[0059];

wherein the eligibility confirmation interface further allows the healthcare provider to confirm a co-pay associated with the patient (Boyer; column 4, lines 36-53, column 6, lines 58-61), (Burko; see at least paragraphs [0058]-[0059];

wherein the eligibility confirmation interface further allows the healthcare provider to confirm particular plan benefits associated with the patient (Boyer; column 4, lines 36-53, column 6, lines 58-61), (Burko; see at least paragraph [0069]; and

wherein the identified insurance plan information further includes a specific plan associated with the patient (Burko; see at least paragraph [0048], paragraph [0054], paragraph [0058]).

Response to Arguments

5. Applicant's arguments filed 28 January 2005 have been fully considered but they are moot in view of the new grounds of rejection.

6. Regarding Applicant's assertions in paragraphs 2-3 of page 2 the response filed 8 February 2005 that amending the claim language would not change the scope of the claims, Examiner respectfully disagrees with Applicant's interpretation of the Interview Summary mailed 31 January 2005.

In particular, the Interview Summary stated, in part that:

"It was noted that Examiner is giving the claimed elements their broadest reasonable interpretation. For example, it was noted that the recited limitation of "an interface that enables the healthcare provider to form an electronic communication link with the payor" does not require an active communication link to be present, and that this limitation would better distinguish over the prior art if it were recited in active, rather than passive language."

It was further stated that

"Examiner will reconsider the references in light of amendments made that clarify the claims without changing the scope of the claims; however, any amendment which changes the scope of the claims would require new search and consideration and would not be entered after Final Rejection unless submitted with a timely filed Request for Continued Examination (RCE) in compliance with 37 CFR 1.114" (emphasis added).

Examiner respectfully notes that during the Interview of 26 January 2005 claim language was suggested to "better distinguish over the prior art." Examiner further notes that the new language did, in fact, result in changing the scope of the claims, and that therefore "a timely filed Request for Continued Examination (RCE) in compliance with 37 CFR 1.114" was indeed required for consideration after Final Rejection.

Conclusion

7. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied references, Ilse et al, U.S. Patent Number 6,757,898, Joao, U.S. Patent Number 6, 283, 761, Jacobson, U.S. Patent Number 6, 488, 205, Crane, U.S. Patent Number 5, 748, 907 teach the environment of electronic communication and eligibility confirmation between healthcare providers and payers.

8. Any response to this action should be mailed to:

Commissioner of Patents and Trademarks

Washington D.C. 20231

or faxed to: **(703) 305-7687.**

For informal or draft communications, please
label "PROPOSED" or "DRAFT" on the front page of
the communication and do NOT sign the
communication.

After Final communications should be labeled
"Box AF."

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9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

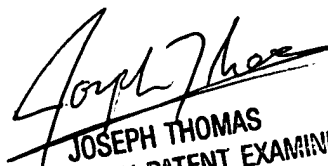
10. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (571) 272-3600.

11. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).



Natalie A. Pass

April 26, 2005



JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600